

VITAL RECORDS REPORTS ACCESS FOR LOCAL HEALTH DEPARTMENTS

05/18/2018

Creating Your User Account

You will need to set up your User Account in order to work with Vital Records Reports (VR Reports) and you will need to provide your account Logon ID to the State Vital Records Office (SVRO) on the Access Request (see page 2) before your account is activated. The user account must be set up by each individual using VR Reports. Only employees of the Local Health Department will be granted access to VR Reports.

NOTE: If you have an existing WIExt account, it is not necessary to create a new account. Proceed to step 6 below.

1. Go to <http://register.wisconsin.gov>.
2. Click on the "Self Registration" link under "Sign Up for your DOA/Wisconsin Logon."
3. Read the User Agreement and click "Accept."
4. Enter all required information below that is followed by the *. Under "Systems You Will Access," select **DHS Vital Records**. Under "Account Information," enter the **Logon ID** and **Password** you create which will be used to gain access to VR Reports. Remember the ID and Password. This is what you will use when working with VR Reports. **Please note: the logon ID cannot be more than 16 characters.**
5. Click "Submit" when all the required information has been entered.
6. Fill out the VITAL RECORDS REPORTS ACCESS REQUEST.
7. Fax to 608-261-4972.
8. Staff at the SVRO will complete the account activation process and notify you when your account is active

WISCONSIN VITAL RECORDS REPORTS ACCESS REQUEST

(05/18/2018)

If you need assistance, please contact the Wisconsin Help Desk at helpdesk@wi.gov or by phone at 866-335-2180.
Fax to 608-261-4972.

SECTION I – REQUEST TYPE (to be completed by User)

Enter DOA/Wisconsin Logon (user logon ID that was created at <https://register.wisconsin.gov>):

Remove Account (Check this box, complete SECTION II and fax to SVRO to remove user's access.)

SECTION II – USER INFORMATION

Last Name	First Name	M.I	Title and Credentials
Name of Local Public Health Department		Mailing Address (Building, Room No. Street)	
City, Zip		County	
Work Telephone No. () - ext	Email Address		
Fax number () -			

SECTION III – Confidentiality Agreement

Access to Wisconsin Vital Records Reports (VR Reports) is governed by Wis. Stats. ch. 69.03(10). This Access Request shall be signed by each VR Reports user within the above-named business entity as a condition for authorized use of VR Reports. Users are required to accept the terms and conditions set forth in this request and in the Data Use Agreement. The employing agency agrees that, upon termination of an employee, the agency will immediately notify the State Vital Records Office by submitting the Access Request to deactivate the individual's account.

1. Your account is to be used only by you for official purposes related to your statutory Local Public Health Department role in VR Reports.
2. You agree to abide by all applicable federal and state laws and policies regarding confidentiality of this data, you have **read, understand, and agree to abide by** the Confidentiality Agreement for LPHD Use of Vital Records Data.
3. You agree to respect the confidentiality and privacy of individuals whose records or data you access and to protect confidential information displayed from your workstation monitor and/or printed from VR Reports.
4. You understand and acknowledge that VR Reports is only to be accessed by authorized users. You agree to protect the confidentiality of your Password and User Name. As an authorized user, you will not cause or permit anyone, other than yourself, to access the VR Reports by use of your User Name and Password. Sharing a user account exposes the logged-in user to liability for all on-line activities done under that user's account. **Any user found sharing his/her account with another individual may have his/her account deactivated immediately.**
5. SVRO will notify you that your request for access has been approved and activated.

Names and Signatures

Name: (Print) _____

Signature: _____ Date: _____

Agency Officer or Designee Name and Signature: _____